

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Southern Express Inc

Telephone: 919-682-8767

Address: Southern Express Inc

Fax: 919-629-7245

2531 Schieffelin Road

Other: 919-618-1638

Apex NC 27502

Email: vhoover@southernexpress.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- Application - Class A/A Restricted
- Application - Class C Taxi
- Application - Class C Charter
- Application - Class C Charter Bus
- Application - Class C Non-Emergency
- Application - Class C Stretcher Van
- Application - Class E Household Goods
- Application - Class E Hazardous Waste
- Application
- Request for Extension to Comply with Order
- Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- Request for Cancellation of Certificate
- Request for Suspension
- Request for Reinstatement
- Request for Name Change on Certificate
- Request to Amend Scope of Authority
- Request to Amend Tariff (rate increase, etc.)
- Request to Amend Passenger Limit
- Request
- Exhibit
- Late-Filed Exhibit
- Letter
- Proposed Order
- Publisher's Affidavit
- Reservation Letter
- Response
- Return to Petition
- Other: _____

RECEIVED APR 23 2021 PSCSC Clerks Office

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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



Equipment List
for:

SOUTHERN EXPRESS, INC.

Insd. #	Company # Sym.	Year	Description Owner/Operator	Serial Number	\$ Value	GVW	Radius	Zone
	Loss Payee		Additional Insured				Date On	Date Off
100	Bus	2005	SETRA NOT TAGGED	WKKA34CD153000265	45,000	55 PASS	SP ONLY	5-15-2018
101		2007	SETRA	WKKA34CD573000465	75,000	55 PASS	SP ONLY	2-26-2010
			ADVANTAGE FUNDING COMMERCIAL	P O BOX 1839 PORTLAND OR 97207-1839				
			ADVANTAGE FUNDING COMMERCIAL	P O BOX 1839 PORTLAND OR 97207-1839				
102		2007	SETRA	WKKA34CD973000453	75,000	55 PASS	SP ONLY	4-20-2018
			United Leasing, Inc./ FIFTH THIRD BANK	P O BOX 5089 Evansville IN 47716				
			United Leasing, Inc./ Fifth	P O BOX 5089 Evansville IN 47716				
103		2007	SETRA	WKKA34CD273000441	75,000	55 PASS	SP ONLY	6-7-2010
			SOUTHERN BANK AND TRUST CO	P.O. BOX 510 MOUNT OLIVE NC 28365				
			SOUTHERN BANK AND TRUST CO	P.O. BOX 510 MOUNT OLIVE NC 28365				
104		2006	SETRA	WKKA34CD763000398	65,000	55 PASS	SP ONLY	6-17-2010
			SOUTHERN BANK AND TRUST CO.	PO BOX 510 MOUNT OLIVE NC 28365				
			SOUTHERN BANK AND TRUST CO	P O BOX 510 MOUNT OLIVE NC 28365				
105		2006	SETRA	WKKA34CD063000338	65,000	55 PASS	SP ONLY	10-6-2010
			SOUTHERN BANK AND TRUST CO.	PO BOX 510 MOUNT OLIVE NC 28365				
			SOUTHERN BANK AND TRUST CO.	PO BOX 510 MOUNT OLIVE NC 28365				
106		2007	SETRA	WKKA34CD773000452	75,000	55 PASS	SP ONLY	10-6-2010
			SOUTHERN BANK AND TRUST	PO BOX 510 MOUNT OLIVE NC 28365				
			SOUTHERN BANK AND TRUST	PO BOX 510 MOUNT OLIVE NC 28365				
107		2008	SETRA	WKKA34DD883000606	90,000	55 PASS	SP ONLY	3-2-2011
			SOUTHERN BANK AND TRUST CO	PO BOX 510 MOUNT OLIVE NC 28365				
			SOUTHERN BANK AND TRUST CO.	PO BOX 510 MOUNT OLIVE NC 28365				
108		2008	SETRA	WKKA34DH483000685	90,000	55 PASS	SP ONLY	3-2-2011
			SIGNATURE FINANCIAL, LLC	225 BROADHOLLOW ROAD, MELVILLE NY 1147				
			DAIMLER TRUST	13650 HERITAGE PARKWAY FORT WORTH TX 76177				

6850 Catawba Lane • Richmond, VA 23226
Phone (804) 288-6993 • Fax (804) 285-0679



SOUTHERN EXPRESS, INC.

Insd. #	Company #	Year	Description	Serial Number	\$ Value	GWV	Radius	Zone
	Sym.		Owner/Operator				Date On	
	Loss Payee		Additional Insured					Date Off
109		2008	SETRA	WKKA34DD783000600	90,000	55 PASS	SP ONLY	
							3-24-2011	
			SOUTHERN BANK AND TRUST PO BOX 510 MOUNT OLIVER NC 28365					
			SOUTHERN BANK AND TRUST PO BOX 510 MOUNT OLIVE NC 28365					
110		2006	SETRA	WKKA34CD863000376	75,000	55 PASS	SP ONLY	WC
							5-2-2011	
			SOUTHERN BANK AND TRUST CO PO BOX 510 MOUNT OLIVE NC 28365					
			SOUTHERN BANK AND TRUST CO. PO BOX 510 MOUNT OLIVE NC 28365					
115		2016	Prevost	2PCH33492GC713229	400,000	56 PASS	SP ONLY	
	Bus						2-29-2016	
			FLEET FINANCING RESOURCING LLC P O BOX 35702 BILLINGS MT 59107-5702					
			FLEET FINANCING RESOURCING LLC P O BOX 35702 BILLINGS MT 59107-5702					
116		2016	Prevost	2PCH33499GC713230	385,000	56 PASS		
	Bus						2-29-2016	
			STERLING NATIONAL BANK 500 SEVENTH AVE NEW YORK NY 10018					
			STERLING NATIONAL BANK 500 SEVENTH AVE NEW YORK NY 10018					
117		2014	PREVOST	2PCH33492DC712142	225,000	55 PAX	SP ONLY	
	Motorcoach						5-24-2017	
			VFS US LLC & ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
			VFS US LLC & ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
118		2014	PREVOST	2PCH33495EC712573	250,000	55 PAX	SP ONLY	
	Motorcoach						4-6-2017	
			VFS US LLC AND ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
			VFS US LLC AND ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
119		2018	PREVOST	2PCH33498JC710066	450,000	56 PAX	SP ONLY	
	Motorcoach						1-26-2018	
			VFS US LLC & ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
			VFS US LLC & ASSIGNS P O BOX 66225 OVERLAND PARK KS 66225					
120		2018	PREVOST	2PCH33494JC710100	450,000	56 PAX	UNL	
	Motorcoach						1-26-2018	
			VFS US LLC & ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
			VFS US LLC & ASSIGNS P O BOX 25916 OVERLAND PARK KS 66225					
201		2006	SETRA	WKKA34CD263000387	80,000	55 PASS	SP ONLY	
	Bus						1-19-2017	
			WESTERN EQUIPMENT FINANCE, INC 654 AMHERST ROAD SUNDERLAND MA 01375					
			WESTERN EQUIPMENT FINANCE, INC 654 AMHERST ROAD SUNDERLAND MA 01375					

6850 Catawba Lane • Richmond, VA 23226
Phone (804) 288-6993 • Fax (804) 285-0879



Service Insurance Agency, LLC

Serving the Transportation Industry since 1952

SOUTHERN EXPRESS, INC.

Insd. #	Company #	Year	Description	Serial Number	\$ Value	GWV	Radius	Zone	
	Sym.		Owner/Operator				Date On		
	Loss Payee		Additional Insured					Date Off	
202		2006	SETRA	WKKA34CD463000388	80,000	55 PASS	SP ONLY		
	Bus						1-19-2017		
	WESTERN EQUIPMENT FINANCE, INC		654 AMHERST ROAD	SUDERLAND MA 01375					
	WESTERN EQUIPMENT FINANCE, INC		654 AMHERST ROAD	SUDERLAND MA 01375					
BA		2000	MERCURY	2MEFM75W6YX632257					
	PPT						8-5-2013		
Total Value of All Units for this Customer					\$3,140,000				

6850 Catawba Lane • Richmond, VA 23226
 Phone (804) 288-6993 • Fax (804) 285-0679

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Southern Express Inc

Name of Applicant

2531 Schieffelin Road Apex NC 27502

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 173,618.00

Limits 5,000,000.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Lancer Insurance

Name of Insurance Company

370 West Park Avenue P.O. Box 9004 Long Beach, NY 11561

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Southern Express Inc
Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- Yes No Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- Satisfactory Conditional Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- Yes No

3. Are there currently any outstanding judgments against the Applicant?

- Yes No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

- Yes No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

- Yes No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Richard Vance Hoover
Applicant's Signature

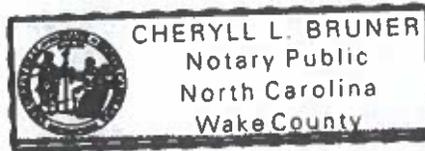
President
Title of Applicant (e.g. President, Owner, etc.)

STATE OF ^{North} ~~SOUTH~~ CAROLINA)
COUNTY OF Wake)

This 6th SWORN TO BEFORE ME day of April, 20 21

Cheryll L. Bruner
Notary Public

Commission Expires 1.25.25



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Southern Express Inc
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

Yes Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

Yes Not Applicable

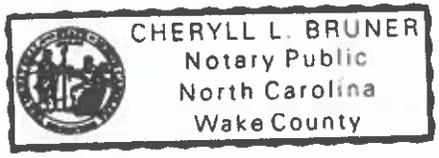
Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, R Vance Hoover, verify under penalty of perjury under the laws of the State of ^{North}~~South~~ Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Richard Vance Hoover
Applicant's Signature

This 6th SWORN TO BEFORE ME day of April, 2021

Cheryl L Bruner
Notary Public



Commission Expires 1.25.25

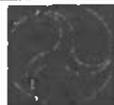
Print Application

UNITED STATES DEPARTMENT OF TRANSPORTATION

	US DOT # 1984638	Legal: SOUTHERN EXPRESS INC Operating (DBA):			
MC/MX #: 702657		Federal Tax ID			
Review Type: Compliance Review (CR)					
Scope: Principal Office		Location of Review/Audit: Company facility in the U. S.			Territory:
Operation Types Interstate Intrastate					
Carrier: Non-HM N/A		Business: Corporation			
Shipper: N/A N/A		Gross Revenue: \$2,950,934.00		for year ending: 12/31/2017	
Cargo Tank: N/A					
Company Physical Address:					
2531 SCHIEFFELIN ROAD APEX, NC 27502					
Contact Name: Thomas Robinson, Safety & Compliance Manager					
Phone numbers: (1) 919-682-8767 (2) 919-618-1638 Fax 919-682-8767					
E-Mail Address: thomas@southernexpress.com					
Company Mailing Address:					
2531 SCHIEFFELIN ROAD APEX, NC 27502					
Carrier Classification					
Authorized for Hire					
Cargo Classification					
Passengers					
Equipment					
	Owned	Term Leased	Trip Leased	Owned	Term Leased
Motor Coach	19	0	0		
Power units used in the U.S.: 19					
Percentage of time used in the U.S.: 99					
Does carrier transport placardable quantities of HM? No					
Is an HM Permit required? N/A					
Driver Information					
	Inter	Intra	Average trip leased drivers/month: 0		
< 100 Miles:			Total Drivers: 28		
>= 100 Miles:	28		CDL Drivers: 28		

ACCEPTED FOR PROCESSING - 2021 April 23 12:50 PM - SCPSC - 2021-140-T - Page 10 of 19



	SOUTHERN EXPRESS INC U.S. DOT #: 1984638	Review Date: 10/10/2018
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Part A

Questions about this report or the Federal Motor Carrier Safety or Hazardous Materials regulations may be addressed to the Federal Motor Carrier Safety Administration at:

310 New Bern Avenue, Suite 468
Raleigh, NC 27601
Phone: (919)856-4378 Fax:(919)856-4369

This report will be used to assess your safety compliance.

<u>Person(s) Interviewed</u>	
Name: Vance Hoover	Title: President
Name: Thomas Robinson	Title: Safety & Compliance Manager

	SOUTHERN EXPRESS INC U.S. DOT #: 1984638	Review Date: 10/10/2018
Part B Violations		

1 FEDERAL ACUTE	Primary: 383.37(a)	Discovered 1	Checked 20	Drivers/Vehicles In Violation 1	Checked 20
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Description

Allowing, requiring, permitting, or authorizing a driver to operate a CMV during any period in which the driver does not have a current CLP or CDL or does not have a CLP or CDL with the proper class or endorsements. An employer may not use a driver to operate a CMV who violates any restriction on the driver's CLP or CDL.

Example

Driver name, John Hector Atkins

Trip date, 10/04/2018

Vehicle description, Motorcoach

Description of violation,

Driver does not have a Passenger Endorsement on his CDL.

2 FEDERAL	Primary: 390.15(b)	Discovered 1	Checked 1	Drivers/Vehicles In Violation	Checked 1
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Description

Failing to maintain, for a period of three years after an accident occurs, an accident register.

Example

Driver name, William O'Daniel

Accident, 07/06/2018

Description of violation:

There is no registry which identifies;

A list of accidents as defined at §390.5 of this chapter containing for each accident: (i) Date of accident.

(ii) City or town, or most near, where the accident occurred and the State where the accident occurred. (iii) Driver Name.

(iv) Number of injuries, (v) Number of fatalities. (vi) Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicle involved in the accident, were released.

3 FEDERAL	Primary: 391.51(b)(2)	Discovered 1	Checked 8	Drivers/Vehicles In Violation 1	Checked 8
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Description

Failing to maintain inquiries into driver's driving record in driver's qualification file.

Example

Driver name, Anastasia M. Cummings

Trip date, 02/22/2017

Description of violation;

Driver Cummings was hired on 02/15/2017, MVR was not ran and put in her qualification file until 04/06/2017. Driver Cummings made first trip on 02/22/2017.

4 FEDERAL	Primary: 395.5(a)(1)	Discovered 4	Checked 210	Drivers/Vehicles In Violation 2	Checked 7
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Description

Requiring or permitting a passenger-carrying commercial motor vehicle driver to drive more than 10 hours.

Example

Trip date August 8, 2018

Driver name, Michael Cook

Violation Description;

On 08/08/2018 at 5:15 pm, drove 6 hours 15 minutes over the ten hour rule.





NORTH CAROLINA

Department of the Secretary of State

ACCEPTED FOR PROCESSING - 2021 April 23 12:50 PM - SCPSC - 2021-140-T - Page 14 of 19

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SOUTHERN EXPRESS INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of January, 2010, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of April, 2021.

Elaine F. Marshall

Secretary of State



Scan to verify online.



POLICY NUMBER: BA162980#11
CUSTOMER NUMBER: 219072

COMMERCIAL AUTO
CA DS 03 11 18

BUSINESS AUTO DECLARATIONS

Lancer Insurance Company 370 West Park Avenue, P.O. Box 9004 Long Beach, NY 11561-9004 (516) 431-4441	Service Insurance Agency LLC 6850 Catawba Lane Richmond VA 23226 Phone: (800) 444-0205 Fax: (804) 288-7925	Producer Number: 5488
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ITEM ONE

NAMED INSURED: Southern Express, Inc.
MAILING ADDRESS: 2531 Schieffelin Road , Apex, NC 27502
POLICY PERIOD: From: 04-26-2020 to: 04-26-2021 at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: BA162980#10

FORM OF BUSINESS:

- CORPORATION
- LIMITED LIABILITY COMPANY
- INDIVIDUAL
- PARTNERSHIP
- OTHER

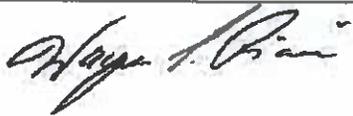
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

PREMIUM FOR ENDORSEMENTS	\$ 4,058
*ESTIMATED TOTAL PREMIUM	\$ 73,430

*This policy may be subject to final audit.

Premium shown is payable: \$ 9,498 at inception
AUDIT PERIOD (IF APPLICABLE) ANNUALLY SEMI-ANNUALLY QUARTERLY MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:
 CA0001(10/13), CA0128(10/13), CA0444-1(10/13), CA0449(11/16), CA2001(10/13), CA2384(10/13), CA2394(10/13), CA2402(10/13), CA9928(10/13), CA9944(10/13), IL0003(09/08), IL0017(11/98), IL0021(09/08), IL1201AIP(11/85), ILP001(01/04), INSTALL-SCHED(11/16), LIC-AM-EXCL(09/17), LIC-ASB-EXCL(06/17), LIC-CRA01(09/14), LIC-NCRF-FEE-AB(10/18), LIC-PHN-MULTI-1(08/11), LIC-PHY-LTD-1(03/11), LIC-POLL-EX-1, LIC-PUN-DAM-EXCL(06/17), LIC-WC-1(02/16), MC1612d(10/02), MC1632a(8/99), NC-LIC-UM-NOTICE(02/10)

Countersigned: April 30, 2020
 By: 
 (Date) (Authorized Representative)

NOTE
OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

POLICY NUMBER: BA162980#11

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT: THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7,8,9	\$5,000,000 Combined Single Limit	\$ 51,632
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		\$ SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		\$ SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PEDESTRIAN PIP		\$	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 10,000 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ 7,284
PHYSICAL DAMAGE COLLISION COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ 10,000 DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ 10,456
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
PREMIUM FOR ENDORSEMENTS			\$ 4,058
*ESTIMATED POLICY PREMIUM			\$ 73,430

*This policy may be subject to final audit.

**Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.

POLICY NUMBER: BA162980#11

ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION			PURCHASED		TERRITORY	
	Year, Model, Trade Name, Body Type	Serial Number (S)	Vehicle Identification Number (VIN)	Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
1	2007	SETR CHR	WKKA34CD573000465		75,000 ()	Apex, NC 27502	
2	2007	SETR CHR	WKKA34CD273000441		75,000 ()	Apex, NC 27502	
3	2006	SETR CHR	WKKA34CD763000398		65,000 ()	Apex, NC 27502	
4	2006	SETR CHR	WKKA34CD063000338		65,000 ()	Apex, NC 27502	
5	2007	SETR CHR	WKKA34CD773000452		75,000 ()	Apex, NC 27502	
6	2008	SETR CHR	WKKA34DD783000600		90,000 ()	Apex, NC 27502	
7	2008	SETR CHR	WKKA34DH483000685		90,000 ()	Apex, NC 27502	
8	2008	SETR CHR	WKKA34DD883000606		90,000 ()	Apex, NC 27502	
9	2006	SETR CHR	WKKA34CD863000376		75,000 ()	Apex, NC 27502	
10	2016	PREV CHR	2PCH33492GC713229		400,000 ()	Apex, NC 27502	
11	2016	PREV CHR	2PCH33499GC713230		385,000 ()	Apex, NC 27502	
12	2006	SETR CHR	WKKA34CD463000388		80,000 ()	Apex, NC 27502	
13	2006	SETR CHR	WKKA34CD263000387		80,000 ()	Apex, NC 27502	
14	2014	PREV CHR	2PCH33495EC712573		250,000 ()	Apex, NC 27502	
15	2013	PREV CHR	2PCH33492DC712142		225,000 ()	Apex, NC 27502	
16	2018	PREV CHR	2PCH33498JC710066		450,000 ()	Apex, NC 27502	
17	2018	PREV CHR	2PCH33494JC710100		450,000 ()	Apex, NC 27502	
18	2007	SETR CHR	WKKA34CD973000453		75,000 ()	Apex, NC 27502	
19	2005	SETR CHR	WKKA34CD153000265		45,000 ()	Apex, NC 27502	

Covered Auto No.	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss
					Liab.	Phy. Dam.			
1	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
2	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
3	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
4	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
5	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
6	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
7	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
8	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
9	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
10	LDIS		21-60	5	1.85	1.00	0.00	5409	See CA9944(10/13)
11	LDIS		21-60	5	1.85	1.00	0.00	5409	See CA9944(10/13)
12	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
13	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
14	LDIS		21-60	7	1.85	1.00	0.00	5409	See CA9944(10/13)
15	LDIS		21-60	8	1.85	1.00	0.00	5409	See CA9944(10/13)
16	LDIS		21-60	3	1.85	1.00	0.00	5409	See CA9944(10/13)
17	LDIS		21-60	3	1.85	1.00	0.00	5409	See CA9944(10/13)
18	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)
19	LDIS		21-60	12	1.85	1.00	0.00	5409	See CA9944(10/13)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authority

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Southern Express Inc, a corporation duly organized under the laws of the state of North Carolina and issued a certificate of authority to transact business in South Carolina on April 8th, 2021, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of April, 2021.


Mark Hammond, Secretary of State

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of No Record

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

At this time, this office can find no record of an entity using the name: Southern Express of North Carolina Inc

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of April, 2021.


Mark Hammond, Secretary of State